

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/23/2014  
FORM APPROVED  
OMB NO. 0938-0391

|  |  |  |  |                            |  |
|--|--|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>155402</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01</b><br><br>B. WING _____   |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>04/22/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HERITAGE HEALTHCARE</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3401 SOLDIERS HOME RD</b><br><b>WEST LAFAYETTE, IN 47906</b>                 |                            |  |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |  |
| {K 000}  | <p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/27/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/22/14</p> <p>Facility Number: 000271<br/>Provider Number: 155402<br/>AIM Number: 100291260</p> <p>Surveyor: Brett Overmyer, Life Safety Code Specialist</p> <p>At this PSR survey, Heritage Healthcare was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility consists of the original building of Type II (000) construction and the 1989 addition of a north wing and extension to an east wing of Type V (111) construction. Since the buildings were all constructed prior to March 1, 2003, they were surveyed as one building of Type V (111). The facility is sprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors and in spaces open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The facility has a capacity of 120 and had a census of 85 at the time of this survey.</p> | {K 000}  |  |                            |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| {K 000}  | Continued From page 1<br><br>All areas where residents have customary access<br>are sprinklered. Equipment storage pods located<br>in the back parking lot are not sprinklered.<br><br>Quality Review by Robert Booher, Life Safety<br>Code Specialist-Medical Surveyor on 04/22/14. | {K 000}  |  |                            |  |